## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Sc	chedule E)				FOR SE O	F FORM 24/48
NΑ	ME OF COMMITTEE (In Full)			FFC I		ION NUMBER ▼
Р	lanned Parenthood Votes					ON NOMBER V
				C	C00489799	
Ch	eck if X 24-hour report 48-hour report New report Ame	ends repor		= M	/ D = D /	Y Y Y Y
П	Full Name of Payee		Date o	f Publ	ic Distribution	n/Dissemination
1	Hart Research Associates			02	/ 03	2016
	Mailing Address 1724 Connecticut Avenue NW		Amour		55	2010
	City State Zip Code			-		42.86
	Washington DC 20009				ID: B594180 ursement or	)
	Purpose of Expenditure Persuasion calls  Category/ Type	004		02 M	03	2016
	Name of Federal Candidate S	Support	Office Sought	: [	House	District:
١	Ted Cruz	Oppose	X Preside	nt [	Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought 24087.60		Disbursement 2016 Ot		Primar	y General epublican Primary
ı	Full Name of Payee		Date of	of Publ	ic Distribution	n/Dissemination
1	Hart Research Associates			02 <sup>M</sup>	/ 03	2016
	Mailing Address 1724 Connecticut Avenue NW		Amour	nt		
1	City State Zip Code					42.86
١	Washington DC 20009				D: B594182 oursement or	Obligation
1	Purpose of Expenditure  Category/	20.4	М	- M	/ D D	YYYY
1	Persuasion calls Type	004	_	02	03	2016
1	Name of Federal Candidate S	Support	Office Sought	t:	House	District:
1	Marco Rubio	Oppose	X Preside	nt [	Senate	State: SC
	Calendar Year-To-Date Per Election for Office Sought 24087.60	)	Disbursement 2016		Primar	g General Genul
	(a) SUBTOTAL of Itemized Independent Expenditures		· [			85.72
	(b) SUBTOTAL of Unitemized Independent Expenditures		· [			
	(c) TOTAL Independent Expenditures		<b>.</b>			
١	Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Deirdre Schifeling [Electronically Filed]	Date	M M / / 02	10		16
	Signature		النا			
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## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXI EIV	DITORILO		PAGE 2 OF 4 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼		
Planned Parenthood Votes				C00489799		
Check if 24-hour report 48-hour report New report Amends report filed on						
Full Name of Payee Hart Research Associates			M = M	ic Distribution/Dissemination		
Mailing Address 1724 Connecticut Avenue NW			02 Amount	03 2016		
Cit.	Chaha	Zin Code		40.00		
City Washington	State DC	Zip Code 20009		42.86  ID: B594181  ursement or Obligation		
Purpose of Expenditure Persuasion calls		Category/ Type 004	02	03 2016		
Name of Federal Candidate		Support	Office Sought:	House District:		
Donald Trump		X Oppose	President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought	1,11,	24087.60	Disbursement For: 2016 Other (s	Primary General pecify) ▶ Republican Primary		
Full Name of Payee Hart Research Associates			Date of Publ	lic Distribution/Dissemination		
Mailing Address 1724 Connecticut Avenue NV	V		Amount			
City	State	Zip Code		42.86		
Washington	DC	20009	Transaction I Date of Disb	ID: B594179 oursement or Obligation		
Purpose of Expenditure Persuasion calls		Category/ Type 004	02	03 / 2016		
Name of Federal Candidate		X Support	Office Sought:	House District:		
Hillary Clinton		Oppose	President	Senate State: SC		
Calendar Year-To-Date Per Election for Office Sought		150292.08	Disbursement For: 2016 Other (s	Primary General specify) ▶ Democratic Primary		
(a) SUBTOTAL of Itemized Independent Expendent	litures			85.72		
(b) SUBTOTAL of Unitemized Independent Expenditures						
(c) TOTAL Independent Expenditures			•	4		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Deirdre Schifeling Signature	[Electro	onically Filed] Date	02 10	2016		
z.g						

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	ENDENT EXPEND	TOTILS	PAGE 3 OF 4 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Planned Parenthood Votes	C C00489799		
Check if 24-hour report 48-hour	report New repo	ort Amends repo	rt filed on
Full Name of Payee Planned Parenthood Votes	Full Name of Payee Planned Parenthood Votes South Atlantic		
Mailing Address 100 S Boylan Ave			02 09 2016 Amount
City Raleigh	State NC	Zip Code 27603	25695.33 Transaction ID : B594184
Purpose of Expenditure Persuasion calls		Category/ Type 004	Date of Disbursement or Obligation  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:
Hillary Clinton  Calendar Year-To-Date		Oppose	President Senate State: SC  Disbursement For: Primary General
Per Election for Office Sought  Full Name of Payee	1	50292.08	Other (specify) Democratic Primary
Planned Parenthood Votes So	outh Atlantic		Date of Public Distribution/Dissemination  02
Mailing Address 100 S Boylan Ave			Amount
City Raleigh	State NC	Zip Code 27603	9906.75 Transaction ID : B594185
Purpose of Expenditure Persuasion canvasses		Category/ Type 004	Date of Disbursement or Obligation  02  09  2016
Name of Federal Candidate Hillary Clinton		Support	Office Sought: House District:
Calendar Year-To-Date Per Election for Office Sought		Oppose 150292.08	Disbursement For: Primary General
			Other (specify) Democratic Primary
(a) SUBTOTAL of Itemized Independent	Expenditures		35602.08
(b) SUBTOTAL of Unitemized Independent	nt Expenditures		•
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
	ny candidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Deirdre Schifeling Signature	[Electron	ically Filed] Date	02 10 / 2016

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	J	PAGE 4 OF 4 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼				
Planned Parenthood Votes	C C00489799					
Check if 24-hour report 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y				
Full Name of Payee Planned Parenthood Votes South Atlantic	D	Date of Public Distribution/Dissemination				
Mailing Address 100 S Boylan Ave	Α	02 09 2016 mount				
City State Zip Coc	10	6604.50				
Raleigh NC 27603	T	Transaction ID : B594186 Date of Disbursement or Obligation				
Purpose of Expenditure Volunteer recruitment  Categor		02 09 2016				
Name of Federal Candidate	Support Office So	ought: House District:				
Hillary Clinton	-	resident Senate State: SC				
Calendar Year-To-Date Per Election for Office Sought , 150292.0		ement For: X Primary General  Other (specify) ▶ Democratic Primary				
Full Name of Payee	D	Date of Public Distribution/Dissemination				
		M = M / D = D / Y = Y = Y				
Mailing Address		Amount				
City State Zip Coo	de					
	-	Color of Dishumsement or Obligation				
Purpose of Expenditure Categor		Date of Disbursement or Obligation				
Name of Federal Candidate	Support Office S	ought: House District:				
	<u> </u>	resident Senate State:				
Calendar Year-To-Date Per Election for Office Sought	Disburse	ement For: Primary General				
		Other (specify) -				
(a) SUBTOTAL of Itemized Independent Expenditures						
(b) SUBTOTAL of Unitemized Independent Expenditures	······					
(c) TOTAL Independent Expenditures	······	42378.02				
Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committed party committee) any political party committee or its agent.						
Deirdre Schifeling [Electronically File	ed] Date 02	10 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Signature						